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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/765,964	
	Filing Date	01/19/2001	
	First Named Inventor	Salim	
	Group Art Unit	Unknown	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	2	Attorney Docket Number	19382-004

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent - 1 page
Remarks		It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to charge Deposit Account No. 03-1725 for the required fees.

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James R. Young, Reg. No. 27,847
Signature	
Date	5/28/03

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 5/28/03			
Typed or printed name	Cecil A. Kennedy		
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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/765,964
Filing Date	01/19/2001
First Named Inventor	Salim <i>et al</i>
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	19382-004

To: Assistant Commissioner for Patents
Washington, DC 20231**RECEIVED**

I hereby apply to withdraw as attorney or agent for the above identified application.

MAY 30 2003

The reasons for this request are: the Applicant has decided to prosecute this application himself..

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1. ☐ The correspondence address is NOT affected by this withdrawal.2. ☒ Change the correspondence address and direct all future correspondence to:
CORRESPONDENCE ADDRESS☐ Customer Number
ORPlace Customer Number
Bar Code Label here☒ Firm or
Individual Name Mohammad S. Salim

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Fax

☒ This request is made on behalf of myself and☒ all the attorneys/agents of record,☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or☐ the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

Name James R. Young, Reg. No. 27,847

Signature *James R. Young*

Date 5/28/03

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